

ACT Waiver Training Checklist

This is a training checklist designed to provide an outline for ACT Waiver providers to understand the tools available as an Alabama Medicaid provider. This is not an all-inclusive document; rather a guide to assist you with obtaining information for following policy, procedures, rules and regulations for Alabama Medicaid.

Top Five Denials for ACT Waiver

| Code | Explanation | Resolution |
|------|---|--|
| 1065 | Billing Provider Name and Number Disagree | Ensure proper provider name/NPI is present on initial submission of claims |
| 4938 | BPA-PC-PROC Assignment Plan Restriction | Refer to provider billing manual for specific billing information |
| 1010 | Performing Provider Not in Billing Group | Ensure provider performing services with enrolled with Medicaid prior to claims submission |
| 5000 | Medical Duplicate Exact | Work RA's timely and correct denials prior to resubmission of claims. |
| 2504 | Recipient Covered By Another Insurance | Verify eligibility prior to rendering services. Medicaid is always the payor of last resort, file other insurance prior to Medicaid. |

This is a reminder that as an enrolled Alabama Medicaid provider, you are responsible for ensuring that you and your employees or agents acting on your behalf comply with all of the requirements in the applicable provisions of State and Federal laws governing the Medicaid Program, the Alabama Medicaid Administrative Code and the Alabama Medicaid Provider Manual as amended.

Alabama Administrative Code

Administrative Code outlines the rules and regulations for all Providers. It is updated as changes are identified. Currently the Alabama Administrative Code contains 63 chapters. The table below includes but is not limited to important chapters for Act Waiver providers and staff.

| Chapter | Overview |
|------------------------------|---|
| 1 General | High level information for all providers-includes Administrative Code |
| 2 Assuring High Quality Care | Discusses Medicaid's procedure for ensuring quality care for all recipients |
| 3 Fair Hearings | Outlines Medicaid's procedures for fair hearing process |
| 4 Program Integrity | Overview of Medicaid's Program Integrity Division |
| 20 Third Party | Outlines policies related to recipient's with other insurance coverage |
| 25 Medicaid Eligibility | General information related to recipient eligibility |
| 26 Rules for Practice | Outlines general rules for Medicaid |
| 27 Confidential Materials | Information on how recipient information should be protected |
| 28 Forms | Outlines forms used by the Medicaid Agency |
| 29 Definitions | Outlines common definitions used in Administrative Code |
| 30 Emergency Rule Procedures | Outlines emergency rules for the Medicaid Agency |
| 31 Declaratory Rulings | Outlines Declaratory Rulings for the Medicaid Agency |

| Chapter | Overview |
|---|--|
| 33 Recoupments and Liens | Information on how recoupments and liens are handled |
| 44 Home and Community-Based Service for the Alabama Community Transition (ACT) Waiver | Outlines rules and regulations ACT Waiver providers must adhere to in the Alabama Medicaid program |

Alabama Medicaid Provider Billing Manual

Provider manuals are updated quarterly (January, April, July and October). The updates are indicated in the margins of the revised chapter and on the “Quarterly Revisions” page. Updates are posted to the Alabama Medicaid website at the following link: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx. The table includes but is not limited to important chapters for Act Waiver providers and staff.

| Chapter/Appendix | Overview |
|---|--|
| 1 Introduction | How to use provider manual |
| 2 Becoming a Medicaid Provider | How to enroll as a Medicaid Provider |
| 3 Verifying Recipient Eligibility | How to verify recipient eligibility and how to decipher eligibility information |
| 4 Obtaining Prior Authorization | How to obtain authorization on services which require approval prior to being furnished |
| 5 Filing Claims | How to properly complete claim forms for submission to Alabama Medicaid |
| 6 Receiving Reimbursement | Information on understanding your Remittance Advice |
| 7 Understanding Your Rights and Responsibilities as a Medicaid Provider | Explains important rules and regulations providers must follow with Alabama Medicaid |
| 39 Patient 1 st | Important information related to Patient 1 st program |
| 107 Waiver Services | This is one of your essential tools for information related to the ACT Waiver Program. This chapter contains important billing information |
| Appendix A - Well Child Check-up (EPSDT) | Important information related to well child check-up program |
| Appendix B - Electronic Media Claims Guidelines | Important information related to filing claims electronically |
| Appendix E - Medicaid Forms | Contains copies of forms required for filing requests to Medicaid and instructions for completion of the forms |
| Appendix F - Internal Control Numbers | How to read Internal Control Numbers assigned in claims processing |
| Appendix G - Non-Emergency Transportation | Explains how recipients can receive assistance getting to Medicaid covered appointments |
| Appendix K - TPL Carrier Codes | Contains a list of other insurance carrier codes needed for claims processing when other insurance is involved |
| Appendix L - AVRS | How to use Medicaid's Automated Voice Response System (AVRS); a tool to check eligibility, claims status and other functions |
| Appendix N - Medicaid Contact Information | Provides important contact information |

Tools Available for Providers at No Charge

| Tool | Function |
|--|---|
| Medicaid Interactive Web Portal | Allows providers to submit a multitude of transactions and receive immediate response. Transactions include, but are not limited to: eligibility verification, claims submission, claim status, Prior Authorization submission and status, Remittance Advice download |
| Provider Electronic Solutions Software | Allows providers to submit a multitude of transactions in batch mode and receive responses within 15 minutes-2 hours, transactions include: eligibility verification, claims submission, claim status, Prior Authorization submission and status |
| Automated Voice Response System (AVRS) | Allows providers to submit a multitude of transactions telephonically and receive fax back information, if requested, some transactions include: Eligibility verification, claims submission, procedure code pricing information |

Personal Contact Information for Billing Assistance

HP is the fiscal agent for Alabama Medicaid. The following services are available through HP at no charge to Providers.

| Department | Function | Contact Number |
|------------------------------------|---|--|
| Provider Assistance Center | Assist with basic billing questions, procedure code reimbursement information and general questions | 1-800-688-7989 |
| Electronic Media Claims | Assist providers with Provider Electronic Solutions, vendor related issues, electronic transmission and pharmacy-related billing issues. This unit also issues user ID's and password's for the Agencies secure website portal | 1-800-456-1242 |
| Provider Enrollment | Assists with new provider enrollment and basic provider enrollment functions | 1-888-223-3630 Option 1 |
| Provider Re-enrollment | Assists with ongoing re-enrollment of providers | 1-888-223-3630 Option 2 |
| Provider Relations Representatives | Assists providers with in-depth billing issues and training on Provider Electronic Solutions and Medicaid's Interactive Web Portal. Available for telephonic consultation, e-mail assistance or on-site training and workshops. | 1-855-523-9170 Refer to Medicaid website for 7 digit extensions. Go to http://www.medicaid.alabama.gov/CONTENT/8.0_Content/8.2.6_Provider_Representatives.aspx |